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**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>				
NAME(Last)		(First)	(Middle)	TELEPHONE
Brunn		Constance	Mae	973-2152
MAILING ADDRESS (Street)				FAX
1451 S. King Street, Suite 504				973-2160
(City)		(State)	(Zip Code)	
Honolulu		HI	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
March of Dimes Hawaii Chapter			973-2155
MAILING ADDRESS (Street)			FAX
1451 S. King Street, Suite 504			973-2160
(City)		(State)	(Zip Code)
Honolulu		HI	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Constance M. Brunn			973-2152
MAILING ADDRESS (Street)			FAX
1451 S. King Street, Suite 504			973-2160
(City)		(State)	(Zip Code)
Honolulu		HI	96814

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Constance M. Bauer  
(Signature of Lobbyist)

1/24/05  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME Carmella Hernandez		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED State Director	
NAME OF ORGANIZATION (if applicable) March of Dimes Hawaii Chapter		TELEPHONE 973-2155	
MAILING ADDRESS (Street) 1451 S. King Street, Suite 504		FAX 973-2160	
(City) Honolulu	(State) HI	(Zip Code) 96814	

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Carmella Hernandez  
(Signature of Authorizing Officer or Person Represented)

1-24-05  
(Date)